

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

TOWN OF SURFSIDE

NOV13 '23 11:03AM

SNC

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Ruben Antonio Coto

3. Address (include post office box or street, city, state, zip code)

*8867 Byron Ave
Surfside, FL 33154*

4. Telephone

(786) 229-7634

5. E-mail address

RCoto@aol.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Ruben Coto

11. Mailing Address

8867 Byron Ave

12. Telephone

(786) 229-7634

13. City

Surfside

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

RCoto@aol.com

18. I have designated the following bank as my ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11-13-2023

26. Signature of Candidate

☒ *Ruben Coto*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, *Ruben Antonio Coto*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

11-13-2023

Date

☒

Ruben Coto
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

TOWN OF SURFSIDE

NOV13 '23 11:03AM

SMC

I, Ruben Coto,

candidate for the office of commissioner;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

11-13-2023

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

NOV 13 PM 2:28 SMC

TOWN OF SURFSIDE

NOV13 '23 11:03AM SMC

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Ruben Antonio Coto

3. Address (include post office box or street, city, state, zip code)

8867 Byron Ave
Surfside, FL 33154

4. Telephone

(786) 229-7634

5. E-mail address

RCoto@aol.com

6. Office sought (include district, circuit, group number)

Commissioner

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

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☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Ruben Coto

11. Mailing Address

8867 Byron Ave

12. Telephone

(786) 229-7634

13. City

Surfside

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

RCoto@aol.com

18. I have designated the following bank as my ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

City National Bank

20. Address

300 71ST ST

21. City

Miami Beach

22. County

Miami Dade

23. State

FL

24. Zip Code

33141

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11-13-2023

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Ruben Antonio Coto, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

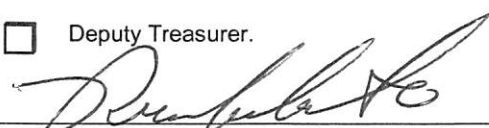
☒ Campaign Treasurer

☐ Deputy Treasurer.

11-13-2023

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

NOV 13 PM 2:28

TOWN OF SURFSIDE

NOV 13 '23 11:03AM

I, Ruben Coto,
candidate for the office of Commissioner;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 
Signature of Candidate

11-13-2023
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

Ruben

First Name

Middle Name

Coto

Last name

Commission

Office Sought (Mayor or Commissioner)

Phone No.: 786-229-7634 Fax No.: _____

Cell Phone: 786-229-7634

E-Mail Address: RCoto @ AOL.com

This is to acknowledge my receipt of the following documents:

- ☒ The Florida Election Code (2022) – Digital Format (USB)
- ☒ Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- ☒ Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- ☒ Reporting Dates Schedule (Election Date: March 19, 2024)
- ☒ Campaign Activities Memorandum

Received by:

[Signature]

Candidate Signature

Date:

11-13-2023



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Ruben Coto
Office Sought commissioner
Phone No.: 786-229-7634 Cell Phone No: 786-229-7634
E-Mail Address: RCoto@Aol.Com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
-----------------	----------------------	-----------------

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/13/2023</u>	<u>RC</u>
Nominating Petition	_____	_____
Statement of Candidate	_____	_____
Sworn Statement of Qualification	_____	_____
Candidate Oath	<u>11/13/2023</u>	<u>RC</u>
Form 1 – Statement of Financial Interest (2022)	_____	_____
Declaration and First Amendment Waiver	_____	_____
Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____
Proof of Residency	_____	_____

& Voter Registration

2. Important Dates to Remember

11/13/2023

PC

3. Campaign Activities Memorandum

11/13/2023

PC

Candidate's Signature

Date



Town of Surfside

9293 Harding Avenue
Surfside, FL 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Ruben Coto
Office Sought Commissioner
Phone No.: 786-229-7634 Cell Phone No: 786-229-7634
E-Mail Address: RCoto@aol.com

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
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Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>11/13/2023</u>	<u>RC</u>
Nominating Petition	<u>11/17/2023</u>	<u>RC</u>
Statement of Candidate	<u>11/17/2023</u>	<u>RC</u>
Sworn Statement of Qualification	<u>11/17/2023</u>	<u>RC</u>
Candidate Oath	<u>11/13/2023</u>	<u>RC</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/17/2023</u>	<u>RC</u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u>11/17/2023</u>	<u>RC</u>
Qualifying Fee \$25.00	<u>11/17/2023</u>	<u>RC</u>
L & A Schedule	<u>N/A.</u>	
Proof of Residency		

& Voter Registration

2. Important Dates to Remember

3. Campaign Activities Memorandum

11/17/2023

RE

11/13/2023

RE

11/13/2023

RE



Candidate's Signature

11-17-23

Date

**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Ruben Antonio Coto, a candidate for the office of
please print your name
Commissioner in Town of Surfside,
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x 
Signature

11/17/2023
Date

**CANDIDATE OATH
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

NOV 17 PM 1:55 *smc*

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Ruben Antonio Coto,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Commissioner, _____,
(Office) (District #)

_____, _____; I am a qualified elector of Miami Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X *[Signature]* 786) 229-7634 RCoto@Aol.com
Signature of Candidate Telephone Number Email Address

8867 Byron Ave Surfside FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this _____ day of _____, 20____.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: License

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:





NOV 17 PM 1:55 *Sme*

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Ruben Antonio Coto
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 8867 Byron Ave Surfside, FL 33154,
my occupation is Insurance Broker, Sales; that I have been
a resident of the Town of Surfside since 1989; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Ruben Antonio Coto
Signature of Candidate

11/17/2023
Date

Sworn to and subscribed before me this 17th day of November, 2023.



Sandra McCreedy
NOTARY PUBLIC
Sandra M. McCreedy
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2022

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Coto Ruben Antonio

MAILING ADDRESS :

8867 Byron Ave

Gulfside Re 33154 Miami Dade

CITY :

ZIP :

COUNTY :

Town of Surfside.

NAME OF AGENCY :

Commissioner

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

NOV 17 PM 2:01 SMC

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDSPART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Coto Industries LLC	1555 NE 123 rd ST N. Miami FL 33161	Insurance Sales

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

8867 Byron Ave Surfside, FL 33154

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
CD, Stock, IRA	TRUST, Charles Schwab, National Life

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Loan Depot Mortgage	Irvine, California

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1		BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	Global Spine Dist LLC	
ADDRESS OF BUSINESS ENTITY	1555 NE 123 ST N Miami 33161	
PRINCIPAL BUSINESS ACTIVITY	Medical equipment sales	
POSITION HELD WITH ENTITY	Principal/Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST		

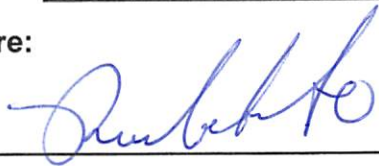
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:



Date Signed:

11/17/2023

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ruben Coto
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024. NOV 17 PM 1:42

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jalil Thutber</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Inone Ariztay</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Eva Kanan</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Antony R. R. R.</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ELIANA R. SALZHAUER</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 8867 Byron Ave Surfside, FL 33154
Email address of Circulator: RCoto @ AOL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-17-23

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ruben Coto
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

NOV 17 PM 1:42

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rose Andersen</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>HOWARD KENNEDY</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Gerardo Vildostegui</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Lorena O'Malley</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Caridad y Izquierdo</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>PAUL O'MALLEY</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Madeline P. Noble</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Maria P. Noble</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Phyllis Shemis</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CARLO PINO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ANDREA TRAVANI</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jennifer Hill</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Judy Martinez</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 8867 Byron Ave Surfside FL 33154

Email address of Circulator: RCOTO@406.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature]

Date: 11-17-23

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Roben Coto
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

NOV 17 PM 1:42

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Edilia L. Jimenez</u>	Date: <u>11-14-2023</u> D.O.B. [REDACTED]
Print Name: <u>EDILIA L. JIMENEZ</u>	Address: [REDACTED]
Signature: <u>Zenaida Becerra</u>	Date: <u>11-14-2023</u> D.O.B. [REDACTED]
Print Name: <u>ZENaida BECERRA</u>	Address: [REDACTED]
Signature: <u>Ligia Marie R. Reyes</u>	Date: <u>11-14-2023</u> D.O.B. [REDACTED]
Print Name: <u>LIGIA MARIE R. REYES</u>	Address: [REDACTED]
Signature: <u>Rafael David</u>	Date: <u>Nov 14 2023</u> D.O.B. [REDACTED]
Print Name: <u>Rafael David</u>	Address: [REDACTED]
Signature: <u>Andrew Vergara</u>	Date: <u>11-15-2023</u> D.O.B. [REDACTED]
Print Name: <u>Andrew Vergara</u>	Address: [REDACTED]
Signature: <u>Cecilia M. Escobar</u>	Date: <u>11-15-2023</u> D.O.B. [REDACTED]
Print Name: <u>Cecilia Escobar</u>	Address: [REDACTED]
Signature: <u>Frank V. MacBride Jr</u>	Date: <u>11-16-23</u> D.O.B. [REDACTED]
Print Name: <u>Frank V. MacBride Jr</u>	Address: [REDACTED]
Signature: <u>Rocio Alvarez</u>	Date: <u>11-15-23</u> D.O.B. [REDACTED]
Print Name: <u>Rocio Alvarez</u>	Address: [REDACTED]
Signature: <u>Maria Mercedes Villalba</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>MARIA MERCEDES VILLALBA</u>	Address: [REDACTED]
Signature: <u>Cindy Fiteles</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Cindy Fiteles</u>	Address: [REDACTED]
Signature: <u>Tody Martinez</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Tody Martinez</u>	Address: [REDACTED]
Signature: <u>Maria Isabel Carr</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>MARIA ISABEL CARR</u>	Address: [REDACTED]
Signature: <u>Paul Baldorf</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>Paul Baldorf</u>	Address: [REDACTED]

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Roben Coto

Address of Circulator: 8867 Byron Ave

Email address of Circulator: RCOTO @ AOL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Roben Coto Date: 11-17-23

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate RUBEN COTO
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

NOV 17 PM 1:42

Signature: <u>Luisa M Ramos</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>LUISA M. RAMOS</u>	Address: [REDACTED]
Signature: <u>Raul Ramos</u>	Date: <u>11/15/23</u> D.O.B. [REDACTED]
Print Name: <u>RAUL RAMOS</u>	Address: [REDACTED]
Signature: <u>Maria R Benitez</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>MARIA R Benitez</u>	Address: [REDACTED]
Signature: <u>Marisabel Weller</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>MARISABEL Weller</u>	Address: [REDACTED]
Signature: <u>Nevenka Matorcelic</u>	Date: <u>11-16-23</u> D.O.B. [REDACTED]
Print Name: <u>NEVENKA MATORCELIC</u>	Address: [REDACTED]
Signature: <u>Marco Waver</u>	Date: <u>11-16-23</u> D.O.B. [REDACTED]
Print Name: <u>MARCO Waver</u>	Address: [REDACTED]
Signature: <u>Cynthia Callaway</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Cynthia Callaway</u>	Address: [REDACTED]
Signature: <u>Randi F. MacBride</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>RANDI F. MACBRIDE</u>	Address: [REDACTED]
Signature: <u>Andre Schloff</u>	Date: <u>11/16/2023</u> D.O.B. [REDACTED]
Print Name: <u>ANDRE SCHLOFF MIRANDA</u>	Address: [REDACTED]
Signature: <u>Darrell Arnold</u>	Date: <u>04-26-65</u> D.O.B. [REDACTED]
Print Name: <u>Darrell Arnold</u>	Address: [REDACTED]
Signature: <u>Darrell Arnold</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>Darrell Arnold</u>	Address: [REDACTED]
Signature: <u>Sarah Jacobs</u>	Date: <u>11-16-23</u> D.O.B. [REDACTED]
Print Name: <u>Sarah Jacobs</u>	Address: [REDACTED]
Signature: <u>Cindy Fitelson</u>	Date: <u>11/16/23</u> D.O.B. [REDACTED]
Print Name: <u>CINDY FITELSON</u>	Address: [REDACTED]

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 17 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Rubén Coto
Address of Circulator: 3867 Byron Ave Surfside, FL 33154
Email address of Circulator: RCoto@aol.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Rubén Coto Date: 11-17-23

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 1:42

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Ruben Coto
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>Barbara Hall</u>	Date: <u>11-13-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Barbara Hall</u>	Address: <u>[REDACTED]</u>
Signature: <u>Arhene Ayacin</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>ARHENE AYACIN</u>	Address: <u>[REDACTED]</u>
Signature: <u>Tina Paul</u>	Date: <u>11-13-23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Tina Paul</u>	Address: <u>[REDACTED]</u>
Signature: <u>Tony Cruz</u>	Date: <u>11.13.23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>TONY CRUZ</u>	Address: <u>[REDACTED]</u>
Signature: <u>Fernanda Matach</u>	Date: <u>11/13/23</u> D.O.B. <u>[REDACTED]</u>
Print Name: <u>Fernanda Matach</u>	Address: <u>[REDACTED]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Ruben Coto
Address of Circulator: 8867 Byron Ave Surfside FL 33154
Email address of Circulator: RCOTO@AOL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: Ruben Coto Date: 11-17-23

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 17 PM 1:42

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Roben Co'
for the office of Commissioner (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11-13-2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARINA SARABIA</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARY A. SANDS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Lea Coto</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Gabriel Coto</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Roben Coto</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Daryl Wall</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mary Henderson</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MICHAEL CHAIT</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Victorie N Saife</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Justin Simon</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-13-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Spiros Dimitropoulos</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Charles Burlett</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Valley Velasquez</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 8867 Byron Ave Surfside, FL 33154
Email address of Circulator: RCOTO@AOL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11-17-23

RUBEN ANTONIO COTO CAMPAIGN
RUBEN ANTONIO COTO
8867 BYRON AVE
SURSIDE, FL 33154

1001
63-0436/0660

DATE 11-17-23

PAY
TO THE
ORDER OF

Town of Surfside

\$ 25⁰⁰/₁₀₀

twenty five

100

DOLLARS



Security
Features
Details on
Back

 **City National Bank**
Bd FINANCIAL GROUP



NP

Hydrex Clerk



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 22, 2023

Mr. Ruben Antonio Coto
8867 Byron Avenue
Surfside, FL 33154

Dear Mr.Coto:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,


Sandra N. McCready, MPA, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)

Surfside
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY
TOWN OF SURFSIDE

(3) ID Number: JAN9 '24 1:23PM

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: _____
- ☐ Political Committee (PC)
- ☐ Electioneering Communications Org. (ECO)
- ☐ Party Executive Committee (PTY)
- ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)
- ☐ Check here if PC or ECO has disbanded
- ☐ Check here if PTY has disbanded
- ☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 01 / 2023 To 12 / 31 / 2023 Report Type: 2023 Q4

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 100 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 25 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 25 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 25 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Ruben A. Coto
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Ruberto
Signature

(Type name) Ruben A. Coto
☒ Candidate ☐ Chairperson (only for PC and PTY)

X Ruberto
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JUN 24 1:23PM

(1) Name Ruben Antonio Coto (2) I.D. Number _____(3) Cover Period 10 / 01 / 2023 through 12 / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
<u>11/13/23</u>	<u>Ruben A. Coto</u>	<u>INS.</u>	<u>Agent</u>	<u>Loan</u>		<u>100⁰⁰</u>
<u>001</u>	<u>8867 Byron Ave</u>					
	<u>Surfside, FL 33154</u>					
<u>/</u>						
<u>/</u>						
<u>/</u>						
<u>/</u>						
<u>/</u>						
<u>/</u>						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto

(2) I.D. Number _____

(3) Cover Period 10/01/23 through 12/31/23(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/17/23	Town of Surfside 9293 Harding Ave Surfside, FL 33154	Qualifying Fec	check		25 ⁰⁰
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street) 8867 Byron Ave

City, State, Zip Code Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN9 '24 1:24PM

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023 Q4 Cover Period 10/01/23 through 12/31/23

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Ruben A. Coto
(Type name) ☒ Treasurer ☐ Deputy Treasurer

X Ruben A. Coto
Signature

I certify that I have examined this report and it is true, correct, and complete.

Ruben A. Coto
(Type name) ☒ Candidate

X Ruben A. Coto
Signature

MIAMI-DADE
COUNTY

(1) Name Ruben A. Coto (2) I.D. Number _____
(3) Report Name 2023 Q4 (4) Cover Period 10/01/23 through 12/31/23
(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)

Surfside FL 33154
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commission

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10/01/2023 To 12/31/2023 Report Type: 2023 Q4

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____ 100.00

Total Monetary \$ _____ 100.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 25.00

Transfers to Office Account \$ _____

Total Monetary \$ _____ 25.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 25.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Ruben A Coto

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

(Type name)

Ruben A. Coto

☒ Candidate

☐ Chairperson (only for PC and PTY)

X Ruben A Coto
Signature

X Ruben A Coto
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)
Surfside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

JAN19 '24 10:31AM

SALE

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 24 To 01 / 12 / 24 Report Type: 2024
GDP

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 1,025.00

Loans \$ _____ , _____ , 800.00

Total Monetary \$ _____ , 1,825.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 1,054.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , 1,054.00

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1,925.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1,079.56

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Ruben Antonio Coto

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

(Type name) Ruben Antonio Coto

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE
JAN19 '24 10:31AM

(1) Name Ruben Antonio Coto

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 24 through 01 / 12 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
01, 02, 24 002	Ruben A Coto 8867 Byron Av Surfside, FL 33154	S	Insurance Agent	CHE			500 ⁰⁰
01, 04, 24 003	Ruben A. COTO 8867 Byron Ave Surfside, FL 33154	S	Insurance Agent	CHE			300 ⁰⁰
01, 04, 24 004	Edika L Jimenez 9025 Byron Ave Surfside, FL 33154	I	Realtor	CHE			25 ⁰⁰
01, 08, 24 005	Donald Lewin 9225 Collins Av #702 Surfside, FL 33154	I	Retired	CHE			1000 ⁰⁰
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto(2) I.D. Number 2024 60 DP(3) Cover Period 01 / 01 / 24 through 01 / 12 / 24(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
01/05/24	Rainbow design & printing	Signs, Stands + Art set up.	CAN		\$712.16
#002	729 NW 170. Terr. P. Pines, FL 33027				
01/12/24	Rainbow design + printing	500 - Flyers Printing color	CAN		\$342.40
#003	729 NW 170 Terr P. Pines, FL 33028				
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street)

8867 Byron Ave

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN19 '24 10:31AM

Sme

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024 GO DP Cover Period 01/01/24 through 01/12/24

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Ruben A. Coto

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Ruben A. Coto

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

Town Commissioner
JAN 19 '24 10:32AM

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ruben Antonio Coto
Name

(2) 8867 Byron Ave
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB1 '24 8:59AM

(3) ID Number: 2024 B1

(4) Check appropriate box(es):

☒ Candidate Office Sought: Commissioner

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 13 / 2024 To 01 / 26 / 2024 Report Type: 2024 B1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 370.00

Loans \$, ,

Total Monetary \$, , 370.00

In-Kind \$, ,

(7) Expenditures This Report

Monetary Expenditures \$, , 395.00

Transfers to Office Account \$, ,

Total Monetary \$, , 395.00

(8) Other Distributions

\$, ,

(9) TOTAL Monetary Contributions To Date

\$, 2,245.00

(10) TOTAL Monetary Expenditures To Date

\$, 1,474.56

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Ruben Antonio Coto

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

(Type name) Ruben Antonio Coto

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ruben A. Coto (2) I.D. Number 2024 B1(3) Cover Period 01 / 13 / 2024 through 01 / 26 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
<u>01, 24, 24</u> <u>066</u>	<u>Oliver Sanchez</u> <u>9140 Emerson Ave</u> <u>Surfside, FL 33154</u>	<u>I</u>	<u>Artist</u> <u>self</u>	<u>CAS</u>			<u>20⁰⁰</u>
<u>01, 26, 24</u> <u>077</u>	<u>Kathy Imberman</u> <u>9149 Abbott Ave</u> <u>Surfside, FL</u> <u>33154</u>	<u>I</u>	<u>Business</u> <u>owner</u> <u>afterwards</u>	<u>CHE</u>			<u>100⁰⁰</u>
<u>01, 26, 24</u> <u>008</u>	<u>Magaly Chait</u> <u>8858 Byron Ave</u> <u>Surfside, FL</u> <u>33154</u>	<u>I</u>	<u>Home</u> <u>Fabrics</u> <u>Business</u> <u>owner</u>	<u>CHE</u>			<u>200⁰⁰</u>
<u>01, 24, 24</u> <u>099</u>	<u>Cynthia</u> <u>Calloway</u> <u>9232 Dickens Ave</u> <u>Surfside, FL</u> <u>33154</u>	<u>I</u>	<u>Sales</u> <u>Director</u>	<u>CHE</u>			<u>50⁰⁰</u>
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ruben Antonio Coto(2) I.D. Number 2024 B1(3) Cover Period 01 / 13 / 2024 through 01 / 26 / 2024(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
01/17/2024	Rainbow Design + Printing 729 NW 170 Terr Pembroke Pines, FL 33027	25 signs + STANDS	CAN		\$395 ⁰⁰
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Ruben Antonio Coto

I.D. Number _____

Address (number and street)

8867 Byron Ave

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB1 '24 9:00AM

Candidate for:

☐ Mayor

☒ Commissioner, District Surfside

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024 B1 Cover Period 01/13/2024 through 01/26/2024

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Ruben A. Coto

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

Ruben A. Coto

(Type name)

☒ Candidate

X [Signature]
Signature

MIAMI-DADE
COUNTY

Town of Gustavus
Town Commissioner
FEB1 '24 9:00AM

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]